

February 29, 2016

Ohio Development Service Agency

77 South High Street

Columbus, Ohio 43216-1001

Attention: Mr. Mike Hiler, Deputy Chief

Dear Mr. Hiler:

Enclosed please find the information that was requested by Kimberly Alexander from the monitoring visit that she conducted at Coleman Professional Services on November 20, 2015.

All information requested has been provided or addressed.

If there are any questions, please contact me at 330-392-1104 or by email at tammy.weaver@colemanservices.org

Sincerely,



Tammy Weaver, M. Ed., L.P.C.

Vice President of Clinical Services

552 N. Park Avenue
Warren, Ohio 44481

330-394-8831

800-522-0502

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24/7 emergency & access
877-796-3555

HMIS Data: REGION 5 HCRP ASSISTANCE FORM

HMIS # 163387 Grease Domestic Violence

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) [All clients])												N/A	Client does not know	Client refused to provide
First name													<input type="checkbox"/>	<input type="checkbox"/>
Middle name												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name													<input type="checkbox"/>	<input type="checkbox"/>
Suffix												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: ☐ Homeless Prevention ☒ Rapid Re-Housing

Caseworker

Daphny Leif

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Management
10/28/14	10/28/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
11/1/14	11/1/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
11/1/14	11/1/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
11/1/14	11/1/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
11/1/14	11/1/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
11/1/14	11/1/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
11/1/14	11/1/14	\$	\$	\$	\$	\$	\$	\$	
			HMIS Date Entered	Entered by					
Total amount		\$	\$	\$	\$	\$	\$	\$	

Region 5 HMIS EXIT FORM

Greauze Domestic Violence

HEAD OF HOUSEHOLD CURRENT NAME

first, middle, last name, suffix (e.g., Jr, Sr, III)

[Redacted Name]

PROGRAM EXIT DATE

2	1	28	1	2015	HMIS Number	16 3387
Month		Day		Year		

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ <i>0</i>					

DMV

[Adults Only]

ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ <u>1995</u>	<u>Client</u>	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC	<u>Son</u>	<input checked="" type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance	<u>Proprietor</u>	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members]

IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid <u>Case Source</u>	<u>Client, Son</u>	<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
<u>N/A</u>	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input checked="" type="checkbox"/> Able to maintain housing they had at project entry	<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input checked="" type="checkbox"/> Without a subsidy	<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> With subsidy they had at project entry	<input type="checkbox"/> Moved to transitional /temporary housing facility/program
<input type="checkbox"/> With an on-going subsidy acquired since project entry	<input type="checkbox"/> Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/> Only with financial assistance other than a subsidy	<input type="checkbox"/> Client went to jail / prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client is deceased
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Without an ongoing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

REGION 5 HMIS Data: INTAKE/ENTRY FORM

PROGRAM ENTRY DATE

1	0		2	3		2	0	1	4
---	---	--	---	---	--	---	---	---	---

YEAR

Middle Initial

DATE OF BIRTH (e.g., 10/23/1978)

Year

HMIS CLIENT ID NUMBER

163394

☒ White (W)

☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Don't Know or Refused☐ White (W)☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Don't Know or Refused

GENDER

☒ Male ☐ Transgendered female to male

☐ Female ☐ Transgendered male to female

[illegible]

Dmv

LIST ALL HOUSEHOLD MEMBERS WITH A DISABLING CONDITION

NAME	CONDITION	Duration Less Than 3 Months
N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENCE PRIOR TO PROGRAM ENTRY

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Refused
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8.
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input checked="" type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths

LENGTH OF STAY AT ABOVE

<input checked="" type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 3 months but less than 1 year
<input checked="" type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> 1 to 3 months	

HOUSING STATUS

<input checked="" type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed

NON-CASH BENEFITS

WHO	WHO
<input type="checkbox"/> Food Stamps - Amount \$ 0	<input type="checkbox"/> Veteran's Medical Services
<input type="checkbox"/> Medicaid	<input type="checkbox"/> TANF child care Other TANF services
<input type="checkbox"/> Medicare	<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)	<input type="checkbox"/> Other TANF services
<input type="checkbox"/> WIC	<input type="checkbox"/> Temporary rent
<input type="checkbox"/> Section 8, Public Housing	<input type="checkbox"/> Other:

INCOME WITHIN THE LAST 30 DAYS

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other:		
TOTAL MONTHLY INCOME: \$ 0			TOTAL ANNUAL INCOME: \$		

SERVICES PROVIDED AT ENTRY

Service	Start Date	Direct Costs, if any	Notes
Basic Needs			
Emergency Shelter			
Case Management			
Rental Assistance			
Security Deposit			
Utilities			

Greene Domestic Violence

HMIS Data: REGION 5 HCRP ASSISTANCE FORM

HMIS #

163394

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) [All clients]

	N/A	Client does not know	Client refused to provide
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: ☐ Homeless Prevention

☒ Rapid Re-Housing

Caseworker

Ziffany Keel

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Manager
10/18/2014	10/18/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
11/1/2014	11/1/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
11/1/2014	11/1/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
11/1/2014	11/1/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
11/1/2014	11/1/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
11/1/2014	11/1/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
11/1/2014	11/1/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
Total amount		\$	\$	\$	\$	\$	\$	\$	

Greauga Domestic Violence

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME st, middle, last name, suffix (e.g., Jr, Sr, III)

PROGRAM EXIT DATE

2	1	24	1	2015	HMIS Number	163399
Month		Day		Year		

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☒ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input checked="" type="checkbox"/> Social Security Income (SSI)	\$757.00	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ 757.00					

DMV

[Adults Only]

ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 194.00		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members]

IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health Insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

N/A

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input checked="" type="checkbox"/> Able to maintain housing they had at project entry	<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input type="checkbox"/> Without a subsidy	<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> With subsidy they had at project entry	<input type="checkbox"/> Moved to transitional /temporary housing facility/program
<input type="checkbox"/> With an on-going subsidy acquired since project entry	<input type="checkbox"/> Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/> Only with financial assistance other than a subsidy	<input type="checkbox"/> Client went to jail /prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client is deceased
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Without an ongoing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

Creanga Domestic Violence

Region 5 INTAKE / HMIS ENTRY FORM

INTAKE DATE (mo/dy/year)	PROGRAM ENTRY DATE	COC LOCATION CODE AT TIME OF ENTRY
11/25/2014	12/3/2014	<input checked="" type="checkbox"/> BOS OH-507 <input type="checkbox"/> Other

HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix)
[REDACTED]

SOCIAL SECURITY NUMBER	DATE OF BIRTH (e.g., 10/23/1978)	HMIS CLIENT ID # (Head of Household)
[REDACTED]	6/23/1958	109132

VETERANS STATUS (HOH)		ETHNICITY (HOH)		GENDER (HOH)	
<input checked="" type="checkbox"/> Did Not Serve in the US Military	<input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male		
<input type="checkbox"/> Served In the US Military	<input type="checkbox"/> Hispanic / Latino	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female		

PRIMARY RACE (HOH) Check All That Apply			
<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)	
<input type="checkbox"/> Asian (A)	<input checked="" type="checkbox"/> White (W)	<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE(s) (please choose from the selection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
N/A							

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
N/A	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DMV

TYPE OF LIVING SITUATION (please note if adults are living in different living situations)

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input checked="" type="checkbox"/> Transitional housing for homeless persons including homeless youths

LENGTH OF STAY IN ABOVE SITUATION (please note if adults have differing answers)

<input type="checkbox"/> 1 day or less	<input checked="" type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> More than 3 months but less than 1 year
<input type="checkbox"/> 2 days to 1 week	<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> 1 year or longer

Answer for Each Adult (Homeless defines as literally homeless)

Name: [REDACTED]	Name: _____
Continually homeless for at least one year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Continually homeless for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 or more If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months <u>24 months</u>	How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months _____
How many months continually homeless immediately prior to project entry? Number of Months <u>3</u> (Count one month for any length of time during that month.)	How many months continually homeless immediately prior to project entry? Number of Months _____ (Count one month for any length of time during that month.)
Does the participant have documentation of their homelessness status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the participant have documentation of their homelessness status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Rapid Re-Housing Only:

Household is in Permanent Housing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Move-In (Month/Day/Year): <u>12/3/2014</u>
--	--

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ <u>0</u>			* income for a child goes under the adult receiving it*		

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 189	[REDACTED]	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

[Adults Only] INFO NEEDED FOR ADULT MEMBERS EFFECTED BY DOMESTIC VIOLENCE

NAME	EXTENT OF DOMESTIC VIOLENCE
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (middle last name, suffix (e.g., Jr, Sr, III))

PROGRAM EXIT DATE

03	17	2015	HMIS Number	109/32
Month	Day	Year		

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input checked="" type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non-VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$					

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 189	Client	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health Insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input type="checkbox"/> Able to maintain housing they had at project entry	<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input type="checkbox"/> Without a subsidy	<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> With subsidy they had at project entry	<input type="checkbox"/> Moved to transitional /temporary housing facility/program
<input type="checkbox"/> With an on-going subsidy acquired since project entry	<input type="checkbox"/> Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/> Only with financial assistance other than a subsidy	<input type="checkbox"/> Client went to jail / prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client is deceased
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Without an ongoing subsidy	<input type="checkbox"/> Client doesn't know
	<input checked="" type="checkbox"/> Data not collected

Ashlabula

REGION 5 HMIS Data: INTAKE/ENTRY FORM

INTAKE DATE (e.g., 05/24/2010)

06 23 2014

MONTH DAY YEAR

PROGRAM ENTRY DATE

07 01 2014

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name

Middle Initial

Last name

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH (e.g., 10/23/1978)

07 18 1991

Month Day Year

ZIP CODE OF LAST PERMANENT RESIDENCE

44004

HMIS CLIENT ID NUMBER

157950

157 951 [REDACTED]

PRIMARY RACE

☐ American Indian or Alaskan Native (AI/AN)

☐ Asian (A)

☐ Black / African American (B)

☒ White (W)

☐ Native / Hawaiian/Other Pacific Islander (NH)

☐ Don't Know or Refused

SECONDARY RACE

☐ American Indian or Alaskan Native (AI/AN)

☐ Asian (A)

☐ Black / African American (B)

☐ White (W)

☐ Native / Hawaiian/Other Pacific Islander (NH)

☐ Don't Know or Refused

ETHNICITY / VETERANS STATUS

☐ Hispanic / Latino ☒ Non-Hispanic/Latino

☐ Served in the US Military ☐ Did Not Serve in the Military

GENDER

☐ Male ☐ Transgendered female to male

☒ Female ☐ Transgendered male to female

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	999-99-9999	01/01/75	W	B	N	M	Husband	Y
[REDACTED]	[REDACTED]	4/8/14	W		N	F	daughters	N

HMIS Data: REGION 5 HCRA ASSISTANCE FORM

HMIS # 157950
951

Type: ☐ Homeless Prevention ☒ Rapid Re-Housing

Caseworker Liffany Reid

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Management
6/1/2014	6/30/2014	\$	\$ 650	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
7/1/2014	7/31/2014	\$	\$ 650	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
8/1/2014	8/31/2014	\$	\$ 650	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
1/1/2015	1/1/2015	\$	\$	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
1/1/2015	1/1/2015	\$	\$	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
1/1/2015	1/1/2015	\$	\$	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
1/1/2015	1/1/2015	\$	\$	\$	\$	\$	\$	\$	
			Basic Data entered	Entered by:					
Total amount		1950	\$	\$	\$	\$	\$	\$	

Ashlabula

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name		Middle Initial
Last name		

PROGRAM EXIT DATE

TYPE

10	28	2014	157950
Month	Day	Year	HMIS Number

☐ Homeless Prevention ☒ Rapid Re-Housing
Caseworker: *Liffany Keil*

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input checked="" type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input checked="" type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input checked="" type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME: \$ <i>0</i>			TOTAL ANNUAL INCOME: \$		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO
<input type="checkbox"/> Food Stamps - Amount \$		<input type="checkbox"/> Veteran's Medical Services	
<input type="checkbox"/> Medicaid		<input type="checkbox"/> TANF child care Other TANF services	
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other: _____	



Catholic Charities of Ashtabula County
4200 Park Avenue, Third Floor
Ashtabula, Ohio 44004
Phone: (440) 992-2121 Fax: (440) 992-5974
www.doyccac.org



February 8, 2016

Ms. Tammy Weaver
Vice President of Clinical Services
Coleman Professional Services
1032 East Market Street
Warren, Ohio 44483

RE: Monitoring Report dated January 19, 2016 - Homeless Crisis Response Program

Dear Ms. Weaver:

As per your request for a response to the above-mentioned monitoring report, please note the following:

- Our agency was asked to place HMIS entry and exit dates in the client files for the following HMIS numbers: 15437, 154347, 139724, 4721, and 166023. Please note that HMIS number 15437 is not our client. HMIS data indicates that it is from 2006 in Lake County. Attached to this letter are copies of the HMIS Data Intake and Exit forms, as developed by Region 5, that were in the client files at the time of the monitoring visit. All of the client files had the entry and exit dates included and, for this response, have been circled in red. In order to easily identify these forms in the client files, they were on either blue or green paper.
- As recommended, our agency will begin placing all of the required documentation for incremental certifications in a separate tab, which will be entitled as 3-month recertification, 6-month recertification, etc.

Thank you for your support of the Homeless Crisis Response Program in Ashtabula County. Please don't hesitate to contact me with questions, or if further information is required.

Sincerely,

Lynn M. Zalewski
Executive Director

Enclosures (HMIS documentation for file numbers 154347, 139724, 4721, 166023)

*"I tell you, whenever you did this for one of the least important
of these followers of mine, you did it for me!" - Matthew 25:40*



REGION 5 HMIS Data: INTAKE/ENTRY FORM

PROGRAM ENTRY DATE

0	5		1	6		2	0	1	4
---	---	--	---	---	--	---	---	---	---

MONTH DAY YEAR

First name	[REDACTED]	Middle Initial	D
Last name	[REDACTED]		

DATE OF BIRTH (e.g., 10/23/1978)

0	7		2	2		1	9	5	3
Month		Day		Year					

HMIS CLIENT ID NUMBER

154347

1 American Indian or Alaskan Native (AI/AN)	<input checked="" type="checkbox"/> White (W)
1 Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
1 Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

GENDER

Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male <input type="checkbox"/> Transgendered female to male
Served in the US Military <input type="checkbox"/> Did Not Serve in the Military	<input type="checkbox"/> Female <input type="checkbox"/> Transgendered male to female

[illegible]

Catholic Charities - Ash

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	D
Last name	[REDACTED]	ENTERED ON: 5/19/14	

PROGRAM EXIT DATE

05	19	2014	154347
Month	Day	Year	HMIS Number

TYPE

☐ Homeless Prevention ☒ Rapid Re-Housing

Caseworker:

PR JV

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION (All clients)

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client; no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS (All clients)

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input checked="" type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input checked="" type="checkbox"/> SSI/SSDI	721.60 / 730	[REDACTED]
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other:		
TOTAL MONTHLY INCOME: \$ 1451			TOTAL ANNUAL INCOME: \$ 17412		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	WHO
<input checked="" type="checkbox"/> Food Stamps - Amount \$	107	<input type="checkbox"/> Veteran's Medical Services
<input type="checkbox"/> Medicaid		<input type="checkbox"/> TANF child care Other TANF services
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other:

PROGRAM ENTRY DATE

0	4		1	0		2	0	1	4
---	---	--	---	---	--	---	---	---	---

H DAY YEAR

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name

Last name

INDEXED ON: 4/10/14
FILED BY: W

Middle Initial

SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

0	5		1	9		1	9	6	1
Month			Day			Year			

P CODE OF LAST PERMANENT RESIDENCE

1	4	0	0	4
---	---	---	---	---

HMIS CLIENT ID NUMBER

139724

PRIMARY RACE

American Indian or Alaskan Native (AI/AN)	<input checked="" type="checkbox"/> White (W)
Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

SECONDARY RACE

American Indian or Alaskan Native (AI/AN)	<input checked="" type="checkbox"/> White (W)
Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

CITY VETERANS STATUS

1. Hispanic / Latino <input checked="" type="checkbox"/>	Non-Hispanic/Latino <input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male
1. Served in the US Military <input checked="" type="checkbox"/>	Did Not Serve In the Military <input type="checkbox"/>	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female

GENDER

☐ Male ☐ Transgendered female to male
☒ Female ☐ Transgendered male to female

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

[illegible]

Catholic Charities - ASL

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	C.
Last name	[REDACTED]		

PROGRAM EXIT DATE

05/05/2014 139724

Month Day Year HMIS Number

TYPE

☒ Homeless Prevention ☐ Rapid Re-Housing

Caseworker: Shannon Majors

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input checked="" type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS

	AMOUNT	WHO		AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other:		
TOTAL MONTHLY INCOME: \$			TOTAL ANNUAL INCOME: \$		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS

	WHO		WHO
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 378.00	SIN	<input type="checkbox"/> Veteran's Medical Services	
<input checked="" type="checkbox"/> Medicaid	SIN	<input type="checkbox"/> TANF child care Other TANF services	
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other:	

REGION 5 HMIS Data: INTAKE/ENTRY FORM

PROGRAM ENTRY DATE

0	7		2	3		2	0	1	4
---	---	--	---	---	--	---	---	---	---

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

Middle Initial

SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

0	9		1	6		1	9	8	4
Month			Day			Year			

IP CODE OF LAST PERMANENT RESIDENCE

HMIS CLIENT ID NUMBER

AAAB 472

PRIMARY RACE

American Indian or Alaskan Native (AI/AN)

☒ White (W)

1 Asian (A)

☐ Native / Hawaiian/Other Pacific Islander (NH)

Black / African American (B)

☐ Don't Know or Refused

SECONDARY RACE

American Indian or Alaskan Native (AI/AN)

☐ White (W)

Aslan (A)

☐ Native / Hawaiian/Other Pacific Islander (NH)

Black / African American (B)

☐ Don't Know or Refused

CITY VETERANS STATUS

GENDER

Hispanic / Latino ☒ Non-Hispanic/Latino

☒ Male ☐ Transgendered female to male

Served in the US Military ☐ Did Not Serve in the Military

☐ Female ☐ Transgendered male to female

LEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

[illegible]

Catholic Charities - Ark

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	
Last name	[REDACTED]		

PROGRAM EXIT DATE

BY: 9/15/15 TYPE

0	9	1	1	2	0	1	5	4721
Month		Day		Year		HMIS Number		

☐ Homeless Prevention ☒ Rapid Re-Housing
 Caseworker: Devon Yaker

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input type="checkbox"/> Literally homeless	<input checked="" type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input checked="" type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME: \$ 0			TOTAL ANNUAL INCOME: \$ 0		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 511	Family	<input type="checkbox"/> Veteran's Medical Services	
<input checked="" type="checkbox"/> Medicaid	Family	<input type="checkbox"/> TANF child care Other TANF services	
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other: _____	

Catholic Charities - Ash

Region 5 INTAKE / HMIS ENTRY FORM

INTAKE DATE (mo/dy/year)	PROGRAM ENTRY DATE	COC LOCATION CODE AT TIME OF ENTRY
11-27-2014	11/17/2014	<input type="checkbox"/> BOS OH-507 <input type="checkbox"/> Other

HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix)
[REDACTED]

SOCIAL SECURITY NUMBER	DATE OF BIRTH (e.g., 10/23/1978)	HMIS CLIENT ID # (Head of Household)
[REDACTED]	8-18-1982	166023

VETERANS STATUS (HOH)		ETHNICITY (HOH)		GENDER (HOH)	
<input checked="" type="checkbox"/> Did Not Serve in the US Military	<input type="checkbox"/> Non-Hispanic/Latino	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male		
<input type="checkbox"/> Served in the US Military	<input checked="" type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female		

PRIMARY RACE (HOH) Check All That Apply					
<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)			
<input type="checkbox"/> Asian (A)	<input checked="" type="checkbox"/> White (W)	<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected		

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE(s) (please choose from the selection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
[REDACTED]	[REDACTED]	4-23-81	Wife	White	Y	F	
[REDACTED]	[REDACTED]	5-28-13	Daughter	White	Y	F	
[REDACTED]	[REDACTED]	5-31-05	Daughter	White	Y	F	

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Catholic Charities - Ash

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

PROGRAM EXIT DATE

12 31 2014
Month Day Year

HMIS Number

166023

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☒ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$ 288		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$ 1392.00		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources?	\$		<input type="checkbox"/> Other Sources?	\$	
Source			Source		
TOTAL MONTHLY HOUSEHOLD INCOME \$					

Just started working
1st Check 1392.50.

REGION 5 HMIS Data: INTAKE/ENTRY FORM

Catholic Charities -

Abraham CC

INTAKE DATE (e.g., 05/24/2010)

05 05 2014

MONTH DAY YEAR

PROGRAM ENTRY DATE

05 16 2014

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name		Middle Initial	D
Last name			

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH (e.g., 10/23/1978)

07 22 1953

Month Day Year

ZIP CODE OF LAST PERMANENT RESIDENCE

[REDACTED]

HMIS CLIENT ID NUMBER

154347

PRIMARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input checked="" type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

SECONDARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

CITY / VETERANS STATUS

<input type="checkbox"/> Hispanic / Latino <input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male <input type="checkbox"/> Transgendered female to male
<input type="checkbox"/> Served in the US Military <input type="checkbox"/> Did Not Serve in the Military	<input type="checkbox"/> Female <input type="checkbox"/> Transgendered male to female

GENDER

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	999-99-9999	01/01/75	W	B	N	M	Husband	Y
[REDACTED]	[REDACTED]	7/19/76	W		N	M	Husband	N

CC - Ash

File Checklist

Client Name: [REDACTED]

Provider: Catholic Charities of Ashtabula County

HMIS Client ID # 154347

HMIS Entry Date: 5/14/14

HMIS Exit Date: 5/19/14

Service Provided: ☒ Rapid Re-Housing: ☐ Homeless Prevention

Months Arrears (Month/Year): 1. ☒ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐

Assistance (Month/Year): 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐
10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐

Certification date: ☐ 3 month ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month

Previous HPRP /HSP Assistance Yes or No If yes, pull file for review for compliance and attached with new client file.

1. Authorization

- ☒ CCAC Application & Client & Household Identification
☒ Authorization for Release/Exchange of Confidential Information
Other: _____

*N/A should be
used for
unchecked areas.

2. Eligibility Verification

- ☒ Staff Certification for Eligibility for HPRP
☐ Eligibility Summary

3. Intake/Assessment

- ☒ Self-Sufficiency/Housing Barrier Matrix
☐ Supporting Documents

4. Housing Verification

- ☒ Certification of Homelessness, or Self Declaration of Housing Status
☐ Eviction Notice/Supporting Documentation
☐ Third Party Documentation
☒ Lease/Supporting Documentation Utility Shut Off Notice Circle: Applicable or Not Applicable
☒ Auditor's site property search
☒ Rent Reasonableness
☒ NA Motel/Hotel Assistance Circle: Applicable or Not Applicable Moving Costs Circle: Applicable or Not Applicable
☒ Habitability Standards Inspection, If Applicable -copy to Fiscal
Children in household under the age of 6 years old Circle: Yes or No
☐ Lead Based Paint Inspection, If Applicable- Copy to Fiscal

Shelter letter/HMIS

5. Income Verification

- ☒ Verification of Income, or Self Declaration of Income
☐ CCAC Budget Calculator Form N/A
☐ Supporting Income Documentation/Verification of Assets

6. Services

- ☒ Client Action Plan
☐ HMIS Change Status For

7. Financial Documentation

- ☒ HMIS Financial Assistance Form- Green
☒ Landlord Letter
☐ Supporting Documentation

8. HPRP Exit/Closure

- ☒ HMIS Exit Form - Pink
☐ HPRP Self-Sufficiency/Housing Barrier Matrix
☐ HPRP Self-Sufficiency/Housing Barrier Matrix - Due 6 months after closure Date: _____
Other: _____

lake co

HUD 2014 Fair Market Rents (FMR)

HUD Effective Date: October 1, 2013

County	Area Name	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Adams County	Adams County, OH	\$417	\$486	\$614	\$778	\$821
Allen County	Allen County, OH	\$417	\$486	\$614	\$778	\$821
Ashland County	Ashland County, OH	\$381	\$503	\$641	\$907	\$948
Ashtabula County	Ashtabula County, OH	\$407	\$475	\$618	\$837	\$841
Athens County	Athens County, OH	\$566	\$591	\$701	\$882	\$937
Auglaize County	Auglaize County, OH	\$417	\$486	\$614	\$778	\$821
Belmont County	Wheeling, WV-OH MSA	\$417	\$486	\$614	\$778	\$821
Brown County	Brown County, OH HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Butler County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Carrington County	Carrington County, OH	\$417	\$486	\$614	\$778	\$821
Champaign County	Champaign County, OH	\$417	\$486	\$614	\$778	\$821
Clark County	Clark County, OH	\$417	\$486	\$614	\$778	\$821
Clermont County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Columbiana County	Columbiana County, OH	\$417	\$486	\$614	\$778	\$821
Coshocton County	Coshocton County, OH	\$417	\$486	\$614	\$778	\$821
Crawford County	Crawford County, OH	\$417	\$486	\$614	\$778	\$821
Cuyahoga County	Cleveland-Elyria-Mentor, OH MSA	\$417	\$486	\$614	\$778	\$821
Darke County	Darke County, OH	\$417	\$486	\$614	\$778	\$821
Deane County	Deane County, OH	\$417	\$486	\$614	\$778	\$821
Delaware County	Columbus, OH HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Franklin County	Columbus, OH HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Fairfield County	Columbus, OH HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Fayette County	Fayette County, OH	\$417	\$486	\$614	\$778	\$821
Franklin County	Columbus, OH HUD Metro FMR Area	\$417	\$486	\$614	\$778	\$821
Fulton County	Fulton County, OH	\$417	\$486	\$614	\$778	\$821
Gallia County	Gallia County, OH	\$417	\$486	\$614	\$778	\$821
Geauga County	Cleveland-Elyria-Mentor, OH MSA	\$417	\$486	\$614	\$778	\$821
Greene County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Hamilton County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Hancock County	Hancock County, OH	\$384	\$491	\$629	\$815	\$846
Hardin County	Hardin County, OH	\$402	\$479	\$614	\$848	\$1,022
Harrison County	Harrison County, OH	\$385	\$491	\$614	\$848	\$1,022
Henry County	Henry County, OH	\$424	\$515	\$624	\$906	\$1,105
Hill County	Hill County, OH	\$417	\$486	\$614	\$778	\$821
Hocking County	Hocking County, OH	\$417	\$486	\$614	\$778	\$821
Holmes County	Holmes County, OH	\$417	\$486	\$614	\$778	\$821
Huron County	Huron County, OH	\$365	\$464	\$614	\$862	\$972
Jackson County	Jackson County, OH	\$417	\$486	\$614	\$778	\$821
Jefferson County	Steubenville-Wellton, OH-WV MSA	\$432	\$499	\$614	\$823	\$943
Knox County	Knox County, OH	\$501	\$515	\$614	\$906	\$1,066
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lawrence County	Lawrence County, OH	\$417	\$486	\$614	\$778	\$821
Licking County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Lorain County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lucas County	Lucas County, OH	\$417	\$486	\$614	\$778	\$821
Madison County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Mahoning County	Youngstown-Warren-Boardman, OH HUD Metro FMR Area	\$434	\$491	\$614	\$848	\$1,022
Marion County	Marion County, OH	\$480	\$545	\$700	\$928	\$1,027
Meigs County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Melms County	Melms County, OH	\$417	\$486	\$614	\$778	\$821
Mercer County	Mercer County, OH	\$417	\$486	\$614	\$778	\$821
Miami County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Monroe County	Monroe County, OH	\$417	\$486	\$614	\$778	\$821
Montgomery County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Morgan County	Morgan County, OH	\$417	\$486	\$614	\$778	\$821
Morrow County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Muskingum County	Muskingum County, OH	\$384	\$491	\$629	\$815	\$846
Noble County	Noble County, OH	\$478	\$481	\$614	\$845	\$901
Ottawa County	Ottawa County, OH	\$417	\$486	\$614	\$778	\$821
Paulding County	Paulding County, OH	\$417	\$486	\$614	\$778	\$821

\$ 600

Heat include or

Take CO.

REGION 5: HCRP Recertification Form (Complete a new form for each scheduled recertification)

Head of Household Name:	First	Middle Initial	Last
Program Entry Date:	HMIS Client ID:		
Income Calculations	Number in Household	Area Median Income for Household	<30% Area Median Income
Income at Program Entry:	Date of Month 3 Income Review	Date of Month 6 Income Review	Date of Month 9 Income Review
Change Household Configuration:	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Add/Remove from HMIS	PRIMARY RACE	SECONDARY RACE	HISPANIC (Yes or No)
Add/Remove from HMIS	RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER	VETERAN (adults only Yes or No)
Only Complete Income Section if Income Has Changed			
Date of Certification:	INCOME WITHIN THE LAST 30 DAYS	WHO	AMOUNT
Total Household Income:	Alimony/spousal support	WHO	AMOUNT
Income Changed?	Cash assistance/TANF	WHO	AMOUNT
Yes	Child support	WHO	AMOUNT
No	Income from employment/wages	WHO	AMOUNT
	Pension from a former job	WHO	AMOUNT
	Retirement from Social Security	WHO	AMOUNT
Only Complete Benefits Section if Non-Cash Benefits Have Changed			
Non-Cash Benefits at Recertification:	WHO		
Benefits Changed?	NON-CASH BENEFITS	WHO	
Yes	Food Stamps - Amount \$	TANF transportation services	
No	Medicaid	Other TANF services	
	Medicare	Temporary rent	
	State Children's Health Insurance (Healthy Start)	Veteran's medical services	
	Section 8, Public Housing, Rental	WIC	
	TANF child care	Other:	
Household Recertification:	Yes	No	Recertification Completed by:

Lake Co.

465-
2669

HUD 2014 Fair Market Rents (FMR)

HUD Effective Date: October 1, 2013

County	Area Name	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Adams County	Adams County, OH	\$417	\$486	\$614	\$778	\$821
Allen County	Allen County, OH	\$486	\$489	\$651	\$816	\$888
Ashland County	Ashland County, OH	\$381	\$503	\$643	\$907	\$948
Ashabula County	Ashabula County, OH	\$407	\$493	\$618	\$837	\$879
Athens County	Athens County, OH	\$566	\$591	\$701	\$882	\$937
Aurora County	Aurora County, OH	\$389	\$472	\$612	\$882	\$956
Belmont County	Wheeling, WV-OH MSA	\$466	\$493	\$614	\$788	\$821
Brown County	Brown County, OH HUD Metro FMR Area	\$365	\$472	\$614	\$821	\$937
Butler County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Carroll County	Carroll County, OH	\$408	\$502	\$682	\$870	\$924
Champaign County	Champaign County, OH	\$400	\$502	\$614	\$905	\$976
Clark County	Springfield, OH MSA	\$486	\$482	\$614	\$939	\$1,030
Clermont County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Clinton County	Clinton County, OH	\$489	\$479	\$618	\$846	\$1,010
Columbiana County	Columbiana County, OH	\$391	\$476	\$614	\$813	\$890
Coshocton County	Coshocton County, OH	\$410	\$481	\$614	\$846	\$867
Crawford County	Crawford County, OH	\$383	\$461	\$624	\$880	\$883
Cuyahoga County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Darke County	Darke County, OH	\$449	\$506	\$614	\$887	\$997
Deane County	Deane County, OH	\$484	\$476	\$614	\$809	\$1,043
Delaware County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Elber County	Sandusky, OH MSA	\$474	\$465	\$596	\$1,037	\$1,064
Fairfield County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Fayette County	Fayette County, OH	\$515	\$518	\$701	\$879	\$1,038
Franklin County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Fulton County	Toledo, OH MSA	\$403	\$516	\$677	\$923	\$968
Gallia County	Gallia County, OH	\$417	\$494	\$614	\$810	\$914
Geauga County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Greene County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Guernsey County	Guernsey County, OH	\$485	\$481	\$614	\$767	\$856
Hamilton County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Hancock County	Hancock County, OH	\$384	\$491	\$629	\$919	\$948
Hardin County	Hardin County, OH	\$402	\$479	\$614	\$848	\$1,022
Harrison County	Harrison County, OH	\$365	\$371	\$614	\$874	\$877
Henry County	Henry County, OH	\$424	\$515	\$624	\$906	\$1,105
HIGHLAND COUNTY	HIGHLAND COUNTY, OH	\$415	\$467	\$614	\$766	\$820
Hocking County	Hocking County, OH	\$417	\$480	\$614	\$815	\$821
Holmes County	Holmes County, OH	\$417	\$493	\$614	\$772	\$821
Huron County	Huron County, OH	\$365	\$464	\$614	\$862	\$972
Jackson County	Jackson County, OH	\$456	\$513	\$614	\$810	\$824
Jefferson County	Steubenville-Wellton, OH-WV MSA	\$432	\$499	\$614	\$823	\$943
Knox County	Knox County, OH	\$511	\$515	\$643	\$900	\$966
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lawrence County	Hamilton-Ashland-WV-KY-OH MSA	\$419	\$429	\$614	\$849	\$1,043
Licking County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Logan County	Logan County, OH	\$463	\$466	\$631	\$837	\$966
Lorain County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lucas County	Toledo, OH MSA	\$403	\$516	\$677	\$923	\$968
Madison County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Mahoning County	Youngstown-Warren Boardman, OH HUD Metro FMR Area	\$454	\$505	\$637	\$840	\$888
Marion County	Marion County, OH	\$480	\$545	\$700	\$928	\$1,027
Medina County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Melgs County	Melgs County, OH	\$417	\$463	\$614	\$798	\$932
Mercer County	Mercer County, OH	\$417	\$454	\$614	\$850	\$853
Miami County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Monroe County	Monroe County, OH	\$417	\$518	\$614	\$765	\$821
Montgomery County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Morgan County	Morgan County, OH	\$454	\$500	\$614	\$805	\$908
Morrow County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Muskingum County	Muskingum County, OH	\$378	\$518	\$636	\$912	\$1,002
Noble County	Noble County, OH	\$478	\$481	\$614	\$845	\$901
Ottawa County	Toledo, OH MSA	\$403	\$516	\$677	\$923	\$968
Paulding County	Paulding County, OH	\$417	\$486	\$614	\$785	\$821